

**The State of Florida Formally Submits a Request
to Amend an 1115 Consumer Directed Demonstration
via**

Independence Plus
A Demonstration Program for Family or
Individual Directed
Community Services Demonstration
§1115 of the Social Security Act

Created by:



Center for Medicaid and State Operations

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**Template for *Independence Plus*:
A Demonstration Program for Family or Individual Directed Community Services
§1115 Demonstration Proposal**

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Independence Plus
A Demonstration Program for Family or Individual Directed Community Services
1115 Demonstration Application

I. State Proposal Information

The State of Florida, Agency for Health Care Administration in cooperation with the Department of Children and Families, Department of Elder Affairs and Department of Health, proposes to amend our Consumer Directed Care 1115 Waiver to add approximately 150 Medicaid eligibles, formally receiving care under a State pilot project similar to Consumer Directed Care, to the demonstration without randomization and allow these individuals to arrange and purchase their own personal care and related services.

The Consumer Directed Care demonstration has been operating for two years, implementation beginning March 1, 2000. The amendment would be effective October 1, 2002 and would expire along with the current demonstration on October 8, 2003.

II. General Description of the Program Amendment

Since April 1999, the State operated the "Choice and Control" program, a state-only general revenue funded pilot project that was very similar to Consumer Directed Care. Choice and Control was operated in 14 of the counties that did not offer Consumer Directed Care for the developmentally disabled adult population. Choice and Control's funding was cut by the Florida

approved per capita cost of the current 1915(c) Developmental Services Home and Community Based Services Waiver. The State will report these expenditures in the same fashion as we currently report budget neutrality, on form HCFA 64.9.

target goal of 6,000 without the fear of the "woodwork effect." Participation from the additional 14 counties will be limited to the 150 participants formally participating in Choice and Control. Choice and Control participants would follow all policies and procedures to which other Consumer Directed Care experimental group members are subject.

III. Assurances

The program design includes the following mandatory requirements (please check all to indicate assurance):

- X The program is voluntary for all eligible participants.
- X A Fiscal/Employer Agent will be available to all participants that choose or need one based on a skills test.
- X The State will comply with public notice requirements as published in the Federal Register, Vol. 59, No. 186, dated September 29, 1994 (Document number 94 - 23960) and Centers for Medicare and Medicaid Services (CMS) requirements regarding Native American Tribe consultation.

IV. Waivers Requested

The following waivers are requested pursuant to the authority of Section 1115(a)(1) of the Social Security Act (Please check all applicable):

X **Statewideness 1902(a)(1)**

To enable the State to operate the demonstration within an area that does not include all political subdivisions of the State.

accumulate financial resources in a separate account for special (approved) purchases.

X **Provider Agreements 1902(a)(27)**

X **Comparability 1902(a)(10)(B)**

To permit the state to offer demonstration participants benefits that are not equal in amount, duration, and scope to those offered to other Medicaid beneficiaries.

To permit the provision of care by individuals who have not executed a Provider Agreement with the State Medicaid agency.

X **Direct Payments to Providers 1902(a)(32)**

X **Income and Resource Rule 1902(a)(10)(C)(i)**

To permit the exclusion of payments received under the demonstration from the income and resource limits established under State and Federal law for Medicaid eligibility. Beneficiaries will also be permitted to

To permit payments to be made directly to beneficiaries or their representatives.

X **Payment Review 1902(a)(37)(B)**

To the extent that prepayment review may not be available for disbursements by individual beneficiaries to their caregivers/providers.

Section 1115(a)(2) authority of the Social Security Act is requested, for the following expenditures to be made by the State under the demonstration, (which are not otherwise included as expenditures under Section 1903) for the period of the demonstration to be regarded as expenditures under the State's Title XIX plan.

Note: Checking the appropriate box(es) will allow the State to claim Federal Financial Participation for expenditures that otherwise would not be eligible for Federal match.

- X Expenditures for demonstration caregiver services provided by members of the demonstration participant's family to the participant.
- X Expenditures to provide services that are not covered under the State Plan as demonstration services, i.e., to provide for training and fiscal/employer agent services as a part of the demonstration design.
- X Expenditures for prepayment to demonstration participants for demonstration services prior to the delivery of those services.

V. STATE SPECIFIC ELEMENTS

Target Population(s)

All items that apply are checked:

Category	CHILDREN AGE RANGE		ADULTS AGE RANGE		AGED AGE RANGE
	From	To	From	To	From
			18	65	
AGED ONLY					
DISABLED (PHYSICAL)					
DISABLED (OTHER)					
BRAIN INJURY (ACQUIRED)					
BRAIN INJURY (TRAUMA)					
HIV/AIDS					
MEDICALLY FRAGILE					
TECHNOLOGY DEPENDENT					
AUTISM					
DEVELOPMENTAL DISABILITY			X	End of life	
MENTAL RETARDATION					
MENTAL ILLNESS					

Geographic Area

_____ Statewide
 _____ One County or
 X Regional (14 Counties)

Okaloosa, Walton, Escambia, Santa Rosa, Gulf,
 Bay, Leon, Gadsden, Wakulla, Clay, Duval,
 Nassau, St. Johns, and Baker.

_____ Other (Please specify)

Delivery System

Family members or legally responsible persons
 may qualify as providers?

 X Yes _____ No

Beneficiaries will be permitted to invest resources
 in a special account for special (approved)
 purchases?

 X Yes _____ No

Enrollment Cap

The limit on the number of enrollees is: 150

Services

The State requests that the following State Plan Services be included under this demonstration:

<input type="checkbox"/>	Personal Care Services	<input checked="" type="checkbox"/>	Non-Emergency Transportation
<input checked="" type="checkbox"/>	Durable Medical Equipment	<input checked="" type="checkbox"/>	Other: Targeted Case Management and Mental Health
<input checked="" type="checkbox"/>	Home Health Services		

The State requests that the following Home and Community-Based Services, as set forth in 42 CFR 440.180, be included under this demonstration:

<input checked="" type="checkbox"/>	Homemaker Services	In-Home Support Services
<input type="checkbox"/>	Home Health Aide Services	Medication Review
<input checked="" type="checkbox"/>	Personal Care Services	Non-residential Support Services
<input type="checkbox"/>	Adult Day Health Services	Occupational Therapy Assessment
<input checked="" type="checkbox"/>	Respite Care Services	Occupational Therapy
<input type="checkbox"/>	Enhanced Personal Care	PERS, installation
<input checked="" type="checkbox"/>	Transportation	PERS, monthly service
<input checked="" type="checkbox"/>	Supported Employment	Physical Therapy, Assessment
<input checked="" type="checkbox"/>	Other services requested by the State and approved by CMS as budget neutral and necessary to avoid institutionalization:	Physical Therapy
	Adult Day Training	Private Duty Nursing
	Adult Dental	Psychological Assessment
	Behavior Assessment	Residential Habilitation Services
	Behavior Therapy	Residential Nursing
	Behavioral Services Assistant	Respiratory Therapy
	Chore Services	Skilled Nursing
	Companion Services	Special Medical Home Care
	Consumable Medical Supplies	Specialized Mental Health Services
	Dietitian Services	Speech Therapy
	Durable Medical Equipment and Supplies	Support Coordination
	Durable Medical Equipment	Transitional Support Coordination
	Environmental Accessibility Adaptations	Supported Living Coaching
		Therapeutic Massage

The services available through this demonstration will all be self-directed support services, under the direction of the participant, family, or proxy, and will comply with all existing regulations unless waived.

VI. Budget Neutrality

- X The attached budget shell relies on the model that the demonstration expenditures will not exceed what would have been incurred without the demonstration (see Flc+camendbnprojection.xls).
- X The State assures that the aggregate cost of services provided herein will be no more than 100% of the cost to provide these services without the waiver. The plan of care and budget for plan of care will be developed in the demonstration exactly as they would have been developed without the waiver. Procedures for determining the amount, duration, and scope of Personal Care services are identical for Personal Care recipients, regardless of whether or not they are part of this voluntary demonstration program.

VII. Additional Requirements

In addition to the above requirements, the State agrees to the Section 1115 *Independence Plus*: A Demonstration Program for Family or Individual Directed Community Services Special Terms and Conditions (STCs) of Approval, and agrees to amend the Operational Protocol document as described by the STCs. During CMS's review and consideration of this demonstration amendment request, using the Model STCs, the state will work with CMS to develop STCs that are specific to this request that will become part of the approval of the demonstration amendment.

9/4/02
Date

Bob Sharpe, Deputy Secretary for Medicaid
Name of Authorizing Official, Typed

Name of Authorizing Official, Signed